



NESHAP NOTIFICATION

FOR RENOVATION AND DEMOLITION ACTIVITIES

National Emission Standards for Hazardous Air Pollutants (NESHAP)
MARICOPA COUNTY AIR QUALITY, ARIZONA

THIS LINE FOR NESHAP		U.S. Postal Service Postmark		Commercial Delivery Service		Other Delivery Service		ACTS #:	
REGULATORY AGENCY USE ONLY:		Date:		Date:		Date:			
1. TYPE OF NOTIFICATION:		<input type="checkbox"/> Original		<input type="checkbox"/> Revision 1		<input type="checkbox"/> Revision 2		<input type="checkbox"/> Revision 3	
		<input type="checkbox"/> Revision 4		<input type="checkbox"/> Revision 5		<input type="checkbox"/> Revision 6		<input type="checkbox"/> Cancel	
2. FACILITY OWNER INFORMATION:									
Name of Company or Individual:				Address:					
City/Community:		State:		ZIP:		Contact Name:		Phone:	
2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:				Address:					
City:		State:		Contact Name:		Phone:		E-mail:	
2c. DEMOLITION CONTRACTOR/OPERATOR:				Address:					
City:		State:		Contact Name:		Phone:		E-mail:	
3. TYPE OF OPERATION:		<input type="checkbox"/> Renovation		<input type="checkbox"/> Emergency Renovation		<input type="checkbox"/> Demolition		<input type="checkbox"/> Ordered Demolition	
		<input type="checkbox"/> O&M							
4. DATE OF INSPECTION OF FACILITY OR AFFECTED PART BY AHERA CERTIFIED BUILDING INSPECTOR:								Enter Date Here	
5. FACILITY DESCRIPTION:				Address:					
City:				State:		AZ		County:	
						Maricopa		ZIP:	
Nearest Major Intersection:				Plat#:		Book:		Map:	
								Parcel:	
								Split:	
Building Size Floor Area (Sq.Ft.):				Number of Floors Affected:				Age of Facility:	
Fee Paid:		\$		Check #:				Present Use:	
								Prior Use:	
6. PROCEDURE, INCLUDING ANALYTICAL METHODS, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND									
CATEGORY II NONFRIABLE ACM:				<input type="checkbox"/> Polarized Light Microscopy (PLM)		Other: _____			
NVLAP Laboratory Name:				# of Samples:		Date Analyzed:			
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: * NOTE: Update notice when amount changes < 20% RACM = Regulated Asbestos-Containing Material As defined in 40 CFR 61, Subpart M, § 61.141				Amount of RACM to be Removed or Generated*		Amount of Nonfriable ACM			
						To Be Removed		Not To Be Removed	
						CAT I	CAT II	CAT I	CAT II
ON FACILITY COMPONENTS: Pipes (Linear Feet)									
ON FACILITY COMPONENTS: Surface Area (Square Feet)									
ON FACILITY COMPONENTS: Volume (Cubic Feet)									
8. SCHEDULED DATES FOR ASBESTOS REMOVAL (mm/dd/yy):				Start Date:		Completion Date:			
Days Worked (Circle):				M T W TH F Sat Sun		Day Shift Hours:		Evening Shift Hours:	
9. SCHEDULED DATES FOR DEMOLITION (mm/dd/yy):				Start Date:		Completion Date:			
Days Worked (Circle):				M T W TH F Sat Sun		Day Shift Hours:		Evening Shift Hours:	
Maricopa County Air Quality NESHAP Coordinator: (602) 506-6708 Mail/Deliver to: Attn: NESHAP Admin 1001 N. Central Ave. Suite 400 Phoenix, AZ 85004 (602) 506-0421		Copy of Notification to: AZ Division of Occupational Safety & Health 800 W. Washington St. Phoenix, AZ 85007 (602) 542-5797		\$425 RACM removal fee required for RACM removal at or above: 260 Linear Feet 160 Square Feet 35 Cubic Feet		No Fee for Nonfriable CAT I and CAT II ACM asbestos abatement or below threshold amount of RACM. Courtesy notification required.		\$425 demolition fee required for all NESHAP facilities. One single family residence is exempt. Two or more are regulated.	

• To better help locate property, extra information is requested

• When both Renovation and Demolition are noted on one application, then check 'Renovation' only and complete both sections 2b and 2c. If only Renovation is to be conducted, then complete only 2b; if only Demolition is to be conducted, then complete only 2c only.

References: Title 40, Code of Federal Register, Part 61, Subpart M, Asbestos NESHAP §61.145(b). Arizona Revised Statutes, Title 49, §§49-421 & 471 et. Seq., and Arizona Administrative Code, Title 18, Chapter 2, Air Pollution Control, Article II, §18-2-1101. Maricopa County Air Pollution Control Regulations, Rule 370, §301.8

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10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:					
<input type="checkbox"/> TSI		<input type="checkbox"/> Ceiling Texture		<input type="checkbox"/> Duct/Seam Tape	
<input type="checkbox"/> A/C Pipe		<input type="checkbox"/> A/C Siding/Shingles		<input type="checkbox"/> VAT/Mastic	
Other, Please Specify: _____					
REMOVAL METHODS:		<input type="checkbox"/> Hand/Non-Mechanical Tools		<input type="checkbox"/> Mechanical/Power Tools	
				<input type="checkbox"/> Mastic Solvents	
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:					
<input type="checkbox"/> Adequately Wet		<input type="checkbox"/> Full Containment		<input type="checkbox"/> Critical Barriers/Negative Air	
<input type="checkbox"/> Glove-Bag		<input type="checkbox"/> Leak-Tight Wrap		<input type="checkbox"/> 6-Mil Bags	
<input type="checkbox"/> Other, please specify: _____					
12a. ASBESTOS WASTE TRANSPORTER #1:					
Company Name:					
Address:					
City:		State:		ZIP:	
Contact Person:				Telephone:	
12b. ASBESTOS WASTE TRANSPORTER #2:					
Company Name:					
Address:					
City:		State:		ZIP:	
Contact Person:				Telephone:	
13. ASBESTOS WASTE DISPOSAL SITE:					
Company Name:					
Address:					
City:		State:		ZIP:	
Contact Person:				Telephone:	
14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(a)(3)), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER					
Name:		Title:			
State or Local Government Agency:			Authority:		
Date of Order (mm/dd/yy):		Date Demolition Order to Begin (mm/dd/yy):			
15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))					
Date and Hour of Emergency (mm/dd/yy – hh:mm):					
Description of Sudden, Unexpected Event:					
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:					
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMPLED, PULVERIZED, OR REDUCED TO POWDER:					
<input type="checkbox"/> Stop Work		<input type="checkbox"/> Notify Owner		<input type="checkbox"/> Revise Notification	
				<input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures	
17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED ON-SITE.					
_____ (Print Name of Owner/Operator)		_____ (Title)		_____ (Signature of Owner/Operator)	
				_____ (Date)	
18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (ALL areas of Arizona):					
_____ (Print Name of Inspector)		_____ (Training Provider)		_____ (AHERA Certificate Number)	
				_____ (Expiration Date)	
19. I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT:					
_____ (Print Name of Owner/Operator)		_____ (Title)		_____ (Signature of Owner/Operator)	
				_____ (Date)	